Please review the jurisdiction’s response to questions #1 and #2 in the accepted equity documentation, as well as recent race/ethnicity data. Describe any improvements in equity gaps as evidenced in the data. Provide a status update on progress the LPHA and its partners have made to eliminate vaccine access barriers and implement plans to close vaccine equity gaps among specific racial and ethnic populations. Please be specific, provide an example of work about which the LPHA and its partners are particularly proud, and describe any tangible impacts in the community.

According to the Oregon Health Authority dashboard, the Latinx community is the least vaccinated of all communities of color in Clackamas County. This population lags a full 10% behind the next community (American Indian/Alaska Native). Clackamas County Public Health Division (CCPHD) has been working diligently with Latinx community based organizations (Bridging Cultures Canby, El Programa Hispano Catolico, Latino Network, Northwest Family Services) to offer vaccine events to Latinx communities across Clackamas. There has been a feeling among the group that the data are not actively reflecting the percent of Hispanic residents vaccinated, that, in fact, the community is better protected than quantitative data are showing. There are a number of reasons for why the Latinx community may appear under-vaccinated, which range from technological to political. CCPHD trusts CBOs’ lived experiences, and are still working hard to close any vaccination gaps that exist among the Latinx community.

Two successful vaccination events for the Latinx community included multiple partners, meals and music. In July, CCPHD collaborated with Northwest Family Services (NWFS), Medical Teams International, and the Immigrant Mutual Aid Coalition (IMCO) to provide information about COVID and vaccinations at an existing food distribution event at Theophilus Church in Milwaukie. Over 25% of the people who came for a food box and produce also received the Pfizer vaccine.

The OHA race/ethnicity dashboard is comprehensive and using the rarest race algorithm reveals big picture disparities but then begs for more granular analyses. For example is the ‘hidden’ Slavic population that gets subsumed into the “White” category. Through community-based organizations, past vaccine-hesitancy work, and alternative data sources, we can infer that this community may not be as vaccinated as their larger race category demonstrates in Alert data.
Health Share of Oregon (the largest Coordinated Care Organization in the Portland metro area) produces weekly COVID updates, which includes vaccination rates of their members by language. The Russian-speaking community continue to have the lowest vaccination rates across the tri-county region. As of September 12, 10.2% of the population 12 years and older are vaccinated.

CCPHD recognizes that BIPOC communities are at different levels of confidence in the vaccine, enabling some to be more vaccinated than others. Slavic partners have said that more energy should be focused on community education rather than organizing a Slavic specific vaccine event. For that reason, CCPHD was proud to be one of the many sponsors and participants in the Slavic festival. Russian staff worked with Multnomah County to coordinate messages. Staff had numerous conversations about the vaccines and specific clinics in Clackamas County.

The Slavic Community Center flew in Dr. Ancha, a Russian Virologist from Washington DC to talk in more detail about the vaccine. She provided three lectures at the festival with approximately 30 people in attendance each time. Presentations like at Slavic Festival that are more relaxed setting can make it psychologically comfortable.

Slavic partners also shared that people do not want to be vaccinated in a public space. When people are ready to receive the vaccine, there needs to be privacy. For that reason, CCPHD scheduled Russian-speaking staff one day per week at the Clackamas Town Center retail space. In spite of the clinic being promoted on Slavic radio and through a wide partner network, there have been very few Russian speakers vaccinated in Clackamas County clinics.

While vaccine disparities continue, the gaps have narrowed. Since May of 2021, CCPHD has seen the greatest increases in percent vaccinated by race/ethnicity in the Native Hawaiian/Pacific Islander, Black, and American
Indian/Alaska Native populations. This is followed by the Asian and Latinx populations. People who identify as White saw the smallest increase in percent vaccinated. These data reveal that the focused outreach with communities of color has been effective and that there remains a strong emotional barrier to accepting the vaccine among our conservative White population.

Engaging organizations to increase culturally responsive, low-barrier access to vaccines
CCPHD has explored and/or implemented opportunities with over a dozen organizations to make vaccines available to diverse communities through customized vaccination events (Ant Farm, APANO, Bridging Cultures Canby, Catholic Charities, Chinese Friendship Association, Clackamas Women’s Services, Congregation Neveh Shalom, EPHC, Latino Network, NAMI, NAYA, NHC, NWFS, NW Housing Alternatives, Outside In, and Slavic Community Center).

Some CBO partners are poised to support the New Ground Strategies’ (NGS) neighborhood outreach, focusing on communities of color in Canby, Milwaukie and Clackamas. The CCPHD Epidemiologist provided NGS with specific vaccination data to guide their neighborhood outreach plans. The orange block groups are where less than 80% of the population is vaccinated and more than 20% of the community is Latinx.
Partnering with minority-own businesses
CCPHD and community based organizations are forging partnerships with minority-owned businesses to make vaccinations available on site in neighborhood hubs like markets. Northwest Family Services and La Espiga in Oregon City is one such example of a community-based organization who is collaborating with a culturally specific market to offer COVID-19 vaccines and vaccine outreach and education. TV Jam, an organization specialized in messaging to the Latinx community through television, is ready to amplify such events to promote the business and increase the distribution of vaccines to the Latinx community, as they are with El Torito Market in unincorporated Clackamas County - a densely populated, diverse neighborhood.

Ensuring meaningful, low-barrier vaccine access for youth
CCPHD ensures that every school district has a plan to make vaccines available to students and families. In the majority of school districts, CCPHD plans vaccine clinics for students and families at the high schools. The location is familiar and more comfortable for BIPOC and families with limited English. School liaisons (i.e. homeless, MSFW) and specialized teachers (i.e. ELL) reach out to BIPOC students and their families. Youth-serving coalitions, like the Clackamas County Youth Prevention Team, can advise in the planning and promotion of vaccinations across the county.

The strategies to vaccinate students varies by the communities’ political climate, demographics and assets. Seven high schools have School Based Health Centers (SBHCs) where students can conveniently get vaccinated during the school day. Clackamas Health Centers, the medical sponsor of five SBHCs, has the ability to focus text messages to students by race and ethnicity. CCPHD has supported the SBHCs by providing $25 gift cards for students who visit the SBHC to learn about the services.

Gift card incentives
When the demand for vaccine subsided, the Governor launched an incentive program in Clackamas County to nudge people to take the vaccine. CCPHD continued distributing $50 gift cards, in part to support small local businesses. However, there is greater appreciation for the more versatile option of Fred Meyers gift cards, especially at food distribution events where parents are trying to meet their basic needs. Gift cards were distributed at 27 unique clinic sites, over one third focused on the Latinx community. As of September 21, 2,663 gift cards were distributed, valuing $132,300.

Language accessibility at vaccine events
CCPHD enlists multiple strategies to ensure language accessibility: Schedule bilingual staff, invite multilingual CBOs to help staff the event, hire medical interpreters, and make forms available multiple languages. Each vaccine event is unique, and materials are prepared according to audience, one example being that CCPHD translated the Vaccine Administration Record into Khmer for a clinic at the Cambodian Buddhist temple.

Decreasing transportation barriers to accessing vaccine
CCPHD operates recurring clinics at Providence Willamette Falls Education Center (Oregon City) and at Clackamas Town Center mall where there are large Tri-Met transit centers. Staff have Tri-Met passes on site to give to people who need assistance paying for transportation.

In rural areas of the county where Tri-Met has minimum to no service (Canby, Molalla, Sandy), CCPHD located weekly clinics in partnership with Legacy and Providence. Occasionally CCPHD provides vaccinations at the Estacada Community Center. The community center arranges rides for seniors without other means of transportation.

CCPHD’s home visiting nurses administer vaccinations to homebound individuals living alone or in group homes. Mobile vaccination teams, operated by CCPHD or partners (fire response agencies, Get a Flu Shot, Medical Teams International, Neighborhood Health Center, Outside In), have provided vaccines at worksites, farms, special events, low-income senior housing complexes, and to individuals experiencing houselessness.
Communications
Clackamas County Public & Government Affairs has worked with community partners to create and leverage multi-modal communications with diverse, non-English speaking communities such as Spanish radio. PGA also worked with Catholic Charities to create videos of leaders in the African immigrant community about taking the vaccine. The leaders provided personal testimony to their reasons for taking the vaccine, spoke to community values, and encouraged others to do the same.

Vaccine Equity Grants
Vaccine hesitancy is proving to be one of the greatest obstacles to increasing vaccination rates and the contributing factors vary. The lack of appropriate messengers perpetuates the challenge of earning trust to convey messages that resonate with hesitant and resistant communities.
CCPHD released grant funding for community-based, faith-based organizations and small employers to provide vaccine-related outreach, education and opportunities for distribution for racially and ethnically diverse communities. Community partners and recipients of Clackamas County’s Vaccine Equity Grants have innovative plans to address vaccine confidence among diverse communities:

**Boost Oregon**
Boost will train community members to educate their peers about vaccines. They plan to recruit at least two peer advocates from each of the Black, Latinx, indigenous, and Slavic communities in Clackamas County to educate their own communities about COVID-19 vaccines. Boost will distribute "toolkits" for peer advocates to use, train them on the medical information, and support them as they educate. Boost’s volunteer medical providers will answer questions and provide guidance whenever needed, as well as train the communities' medical providers on communicating effectively with vaccine-hesitant patients. Boost will distribute at least 800 culturally and language-specific COVID-19 vaccine flyers for peer advocates to refer to and share with their communities. They created videos and radio PSAs specific to Black, indigenous, and Latinx populations to run distribution throughout the county. In order to reach the Slavic community, Boost will partner with Slavic radio to feature one of our medical educators on air to answer questions and concerns in Russian.

**Slavic Community Center NW**
Slavic Community Center has learned that people who receive something (i.e. a gift) are more likely to accept information that is given to them. Slavic Community Center plans to put together culturally specific food boxes for community members. During the distribution, they will include information about vaccines.

**Energy-Iz-Everything, LLC**
This small business will implement a social mobilization campaign that enlists people who are already vaccinated to inspire members of their families or their social networks to do the same. This approach is premised on evidence suggesting that friends and family are one of the biggest influences on the health choices that people make. Their project will focus on youths of color, aged 18 – 35. It will recruit 100 already vaccinated individuals, as influencers, who will influence up to 5 other people in their families and network of friends to get vaccinated.

Energy-Iz-Everything will partner with community colleges, churches and faith-based organizations, and other organizations that represent BIPOC in the community to recruit students and their members as influencers. This effort will build relationships with key community leaders within the BIPOC community to ensure the success of the recruitment drives. Energy iz Everything has found that if faith leaders and other community leaders promote vaccinations, their members are likely to respond.

Experience has demonstrated that T-shirts inspire action towards the message they bear, while also triggering curiosity and discussion. For example, the t-shirt campaign with “Spread Gratitude” and “Spread Compassion” messages yielded an overwhelming response among people who felt encouraged during the height of the pandemic while inspiring the same in others. Energy iz Everything anticipates the same effect in this campaign. Each influencer will receive a T-shirt to wear as they promote COVID vaccinations in their networks. Influencers will use the message on the T-shirt to initiate a dialogue among people that express curiosity and speak to why they received the vaccine. They will address the listener’s hesitations about vaccinating, amplify vaccine-confidence by highlighting the benefits of the vaccine while offering a similar T-shirt as an incentive if the listener vaccinates.

2) Please review the jurisdiction’s response to question #6 and provide an update on the LPHA and its partners’ work to address the vaccine needs of migrant and seasonal farmworkers in the jurisdiction and share the outcomes of these efforts.
CCPHD meets bi-monthly with the Migrant Seasonal Farm Worker (MSFW) outreach team comprised of four CBOs serving the farmworker community, Oregon Employment Department, and staff from the CCPHD.
outbreak team to coordinate outreach/education, testing, and on site vaccination events. CCPHD has tried on multiple occasions to coordinate with OHA to anticipate arrival of H2A visa workers without success.

CCPHD continues to respond to requests from farm owners to provide on-site vaccinations and recently returned to Montecucco Farms in Canby to vaccinate new workers from Guatemala. Employers with sizeable Latinx workforces, like Imperfect Produce and Charlie’s Produce, have also requested on-site vaccinations for their workers. CBOs take the lead connecting with managers and residents at farmworker housing sites.

3) The pandemic has demonstrated and elevated the structural barriers that perpetuate health inequities. To dismantle those structural barriers in the long-term so that health equity can be achieved across all populations statewide, transforming how public health works with communities to engage in multi-directional communication and dialogue with, share power with and center in decision-making communities most affected by those inequities is essential.

a. Please provide an example of feedback the LPHA and its partners received from a community experiencing vaccine inequities, how the LPHA and its partners worked collaboratively with the community to address the feedback and then shared back with the community the outcome or resolution.
CCPHD heard from CBOs representing black, indigenous and people of color that vaccines need to be available without an appointment and in locations that are familiar and easily accessible. In response, CCPHD established five recurring, walk-in, vaccination clinics across the county in churches (Canby, Molalla), health centers (Sandy, Oregon City), and a heavy trafficked retail space (Clackamas Town Center Mall).

CCPHD created a mobile vaccination team and partners with others, like Medical Teams International, to administer vaccinations at worksites, festivals and food distribution events. These smaller customized events, in partnership with employers and community partners, make getting the vaccine convenient in locations where communities gather already. This alleviates the burden of transportation and supports people as they juggle work and family responsibilities.

Flyers are created and shared with CBOs to promote clinics and unique customized vaccination events for people who are not able to access the information online. [https://www.clackamas.us/coronavirus/vaccine](https://www.clackamas.us/coronavirus/vaccine).

b. Please provide an example of how the LPHA and its partners have shared power with and centered the communities experiencing inequities in decision making to determine strategies to increase vaccine access for communities.
CCPHD hosts bi-monthly meetings with 30 CBOs funded by the Oregon Health Authority, many culturally specific, to provide wrap-around support services for people who are in isolation or quarantine with a COVID positive diagnosis or exposure.

CCPHD regularly dedicates time on the agenda to share COVID and vaccination data. It is an ideal opportunity to learn about their lived experience, which, subsequently informs and improves vaccination events for BIPOC communities. Culturally specific partners have talked about community needs and provided recommendations in how to meet them. Gathered together in a virtual meeting space, they work through challenges and offer solutions. One example is a conversation about how to make vaccinations available to children and how to engage families in vaccine-related conversations.

Catholic Charities, one of the CBOs serving the African Immigrant community in Clackamas County explained, “The school system is great because it is a hub where they get the same information and they can take it back home to their parents. Can the schools post information about the vaccine? Can
the teachers have conversations each week about Covid-19 in what is being done and what is happening so that the students can take that information back home? Can we design material that allows kids to go home to their parents with this information on Covid-19? In this case, it would be useful to provide handouts to give to kids to take home – handouts that explain what Covid-19 is, what are the vaccines, and other answers in the languages of their parents. The idea is to allow a conversation between parents and their kids. We do this work in alignment with the values of the families, the cultures, and the religious practices but to help them get there we need to provide materials to start that conversation.”

Regardless of students’ race and ethnicity, CCPHD is engaging parents and families in conversations about the COVID-19 vaccine. As the COFA Alliance National Network (CANN) said, “Our culture is known to look at our elders for advice. They are our role models. As we’re trying to increase vaccination among younger age groups, reaching children presents a challenge because to not focus on the elders and to shift focus directly on the kids could be seen as disrespectful.”

CCPHD is sharing this information with school partners in preparation for vaccinating children under 12 years of age. CBOs have also underscored the importance of using trusted leaders, ideally health care professionals and faith leaders who come from within the community, to deliver the messages.

CCPHD is hosting town halls in October for parents to ask the Health Officer questions about the vaccine. A separate town with a Latinx doctor will tailor the dialogue for Latinx parents. Interpretation will be available for parents who do not speak English or Spanish. CCPHD will work with other CBOs like Catholic Charities and CANN to reach families in culturally appropriate ways for their respective communities.

Clackamas County Vaccine Equity Plan

Next Steps

What steps do the LPHA and its partners plan to take to continue to address these inequities in the jurisdiction?
Based on guidance from community partners, CCPHD will deploy mobile vaccination teams to neighborhoods with high numbers of unvaccinated Latinx residents. Vaccination teams, including bilingual nurses and educators, will be on-site to answer questions and talk about concerns related to vaccinations. This community health worker model is effective across the world.

Communication from the County traditionally focuses on English speaking population. CCPHD will ramp up messaging with culturally specific CBOs and culturally specific media to communicate vaccine related information. The Oregon Health Authority and Brink Communications have a robust collection of multi-cultural and multi-lingual communication materials to share with school partners.

Schools and staff have personal relationships with families, and as a result are trusted sources of information. They are key to opening the door to conversations with parents about vaccines and relaying information about the vaccination clinics CCPHD is planning with school districts.

CCPHD will continue building relationships with regional Slavic organizations through the recurring meetings. Multnomah and Clark Counties convene a variety of Slavic partners – CBOs, residents, and health systems with Slavic health care providers. These relationships are starting to open doors to conversations with faith leaders and outreach activities with the Slavic community. CCPHD will take a similar approach with communities in rural Clackamas County by participating in local coalition meetings. These investments need to be ongoing to earn trust and partner in meaningful work that meets shared goals.
CPHD is contracting with Soul Force Education, a minority-owned non-profit, to advance diversity, equity and inclusion within CPHD through employee training and developing infrastructure to continue growth. This hard work to transform public health practices will commence in early 2022.

**What steps have the LPHA and its partners taken to actively address vaccine confidence in the community?**

CPHD and partners go to where people frequent to provide information about vaccine. CPHD staff are distributing vaccine and clinic information materials at places where community members gather such as libraries, food pantries, markets and special events, in the zip codes with low vaccination rates including Milwaukie, Gladstone, Colton, Estacada, Molalla, Sandy and Canby. Staff set up tables, often coordinated on days of nearby clinics, to answer questions from community members and direct them to the vaccination. This has proven effective and in several occasions resulted in documented vaccination after an interaction at a tabling event.

In addition, Boost Oregon/OHSU students started tabling at the Clackamas Town Center food court downstairs from a small vaccine clinic staffed with a bilingual/bicultural team. The table staff and vaccinators skillfully answer questions and address people’s concerns before they are vaccinated.

Clackamas County Public & Government Affairs (PGA) corrects misinformation on social media and sends a county-wide ‘three things’ about COVID vaccines weekly email. PGA supports the Public Health Director in weekly presentations to the Board of County Commissioners where he provides accurate and current information about the Covid response. PGA is also working on a video series, to be released in late October, where physicians address specific misinformation from the county’s social media comments.

Weekly Board reports are shared with the Department Operations Center (DOC) Liaisons who are directly connected to culturally specific and other priority populations including people with disabilities. The role of liaisons are to communicate accurate information to their networks – community partners, service providers and general public.

CPHD reached out to almost 500 churches and faith leaders inviting them to join CPHD in vaccine outreach/education. The email and letter campaign included funding to cover staff time and expenses. Remarkably, not a single faith community responded to the call.

The Public Health Officer made a presentation to the Juvenile Department case managers about COVID-19, the variants, and vaccine. Case managers establish close relationships with diverse youth and families. Given the nature of their support, case managers are well positioned to relay the information to a population that may otherwise be difficult to reach.

**What is the communications plan to dispel misinformation through a comprehensive, multi-modal communications strategy for communities experiencing racial and ethnic vaccine inequities in your jurisdiction?**

Examples could include: Spanish language radio spots, physically distanced outdoor information fair, training local faith leaders and equipping them with vaccine facts and information to refer a community member to a health care professional for follow up, etc.

CPHD and PGA will amplify the great work partners have tailored for their specific communities, such as purchasing targeted social and paid media for the non-English Catholic Charities videos. Under the direction of CBOs, CPHD will work with culturally specific media producers, like TV Jam, to promote clinics and creatively communicate timely information about the vaccines that sparks curiosity. Regional materials are also available to CPHD, PGA and community partners to address specific misinformation around vaccine safety that are impacting some BIPOC communities.